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APPLICATION NO.	FIUNG DATE		FIRST NAMED INVENTO	R ATTO	RMEY DONCKET NO.	CONFIRMATION NO.
10/664,995 09/17/2003		***************************************	Keyin R. Seifest		P-11309.0	
TITLE OF INVENTION	: MEDICAL ELECTRI	CAL LEAD ANCHORIN	©			
APPEN, TYPE	SMALL ENTITY	ISSUE FEE DUS	PURILICATION FEE DUS	PREV. PAID ISSUE FEE	TOTAL FEERS) DUE	DATEBUE
nonprovisional	80	\$1400	\$300	30)	- \$\$700	01/16/28877
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LAYNO, CARL BERNANDZ		3768	607-126000	3		
Change of surrespondence sidress or indication of "Fee Address" (37 CFR 1.363).      Change of correspondence address (or Change of Correspondence Address form PTO/98/122) satisfied.      Change of correspondence Address Indication from PTO/98/17, Rev 03-07 or more recent) attached, Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent afforacys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attendey or agent) and the names of up to 2 registered attendey or agent) and the names of up to 2 registered attendey or agents. If no name is listed, no name will be printed.			
PLEASE NOTE: Usi PROOFESSION AS SELECTION (A) NAME OF ASSIO MECH (20)	iss on assigned is ideal h in 37 CFR 3.11. Com INER 1/C, TVC.	ified holow, no essignee define of this form is NO	(B) RESIDENCE: (CIT M/11/1	petrne. If an assignee is is t designment. Y and STATE OR COUNT EQPO//S_M	NO N	ocument has been filed for
4s. The following fos(s):      Janus Fee     Publication Fee (N     Advance Order - )	is small entity discount;		. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is eachised.  Deprised by credit card. Form PTO-2018 is attached.  The Director is hereby authorized to charge the required fee(s), say deficiency, or credit any overpayment, to Deposit Account Number (FA) 142. (enclose as extra copy of this form).			
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